

REQUEST FOR VOTE-BY-MAIL BALLOT
(Request Authorizing an Individual to Pickup a ballot for a Voter)
Pursuant to Elections Code Section 3021

CON# _____ BT _____

Precinct _____

Voter ID # _____

Party _____ NOP Party _____

I, _____, am at least 18 years old and a U.S. Citizen,
(Please print name)

and a registered voter residing in the County of San Luis Obispo. I hereby declare that I will be unable to go to the Polls on _____, for one of the following reasons:

(CIRCLE REASON):

1. Illness or disability resulting in my confinement in a hospital, sanatorium, nursing home, or my place of residence;
2. Inability due to physical handicap;
3. Inability due to such physical handicap and existing architectural barriers at my polling place which deny my physical access to the polling place, voting booth, or voting apparatus or machinery;
4. Any other conditions which will result in my absence from the precinct on election day;

I authorize _____ to pickup my ballot and deliver it to me.
(Name -- OR -- If for Self, write N/A)

If you are not presently affiliated with any qualified political party please see box below:

☐ I am not presently affiliated with any qualified political party. However, for this election ONLY, I request a Vote-by-Mail ballot for the _____ Party.

I understand that, after voting the ballot, I shall return the ballot personally or through the above authorized representative to either the County Clerk-Recorder's Office or to any polling place within the County of San Luis Obispo, no later than 8:00pm on the day of the election.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20____, at _____, CA.
(City)

Signature of Voter

Residence Address of Voter

☐ I wish to become a Permanent Vote-by-Mail Voter